

Application for

INDIANA SPINAL CORD & BRAIN INJURY FUND
RESEARCH GRANT PROGRAM

AN INITIATIVE FUNDED BY

**INDIANA STATE DEPARTMENT OF HEALTH
IN ACCORDANCE WITH INDIANA CODE 16-41-42**

June 2008

INFORMATION FOR APPLICANTS:

GENERAL

The state of Indiana established the research fund known as the Spinal Cord and Brain Injury Fund effective July 1, 2007. This fund, established under Indiana Code (IC) 16-41-42-4, will consist of appropriations, gifts and bequests, fees deposited in the fund under IC 9-29-5-2, and grants received from the federal government and private sources. These funds will be utilized to 1) establish and maintain a state medical surveillance registry for traumatic spinal cord and brain injuries; 2) fulfill the duties of the board; and 3) fund research related to treatment and cure of spinal cord and brain injuries. The fund is expected to generate approximately \$1.6 million per year, with the majority of money generated to be allocated to research projects.

This application package is designed for all researchers, including post-doctoral, wishing to submit proposals for research projects / programs to be funded under item 3 noted above. Final funding decisions for all proposals submitted under this program will be made by the Spinal Cord and Brain Injury Research Board, consisting of nine members as defined in section 5(a) of IC 16-41-42. The board will make these decisions after receiving input from an independent scientific advisory panel comprising scientists and clinicians who are not members of the board. This advisory panel will review proposals and make recommendations to the board.

The overall objective of this program is to foster and encourage research for the prevention, treatment, and cure of spinal cord and brain injuries, including acute management, medical complications, rehabilitative techniques, and neuronal recovery. Collaborations are encouraged with Indiana-based researchers as well as researchers located outside the state of Indiana, including researchers in other countries. Research must be conducted in compliance with all state and federal laws.

Because the nature and scope of the research proposed may vary, it is anticipated that the size of each award may also vary. Awards pursuant to this RFA are contingent upon the availability of funds and the receipt of a sufficient number of meritorious applications. Applications to this program are considered small grants and should have a maximum requested amount of \$60,000 (per year, including indirect costs). All applications should be limited to a two-year duration. (Note: Second year funding dependent upon adequate progress report for first year.) The fund is willing to provide salary support for post-doctorate fellows for up to two years.

WHO MAY APPLY

Eligible lead institutions / organizations are located within Indiana and fall into one or more of the following categories: public/state controlled institution of higher education; private institution of higher education; nonprofit with 501(c)(3) IRS status (other than institution of higher education); nonprofit without 501(c)(3) IRS status (other than institution of higher education); small business; for-profit organization (other than small business); state government; U.S. territory or p; Indian/Native

American Tribal government (other than federally recognized); Indian/Native American Tribally Designated Organization; non-domestic (non-U.S.) entity (foreign organization); Hispanic-serving institution; historically black colleges and universities (HBCUs); Tribally Controlled Colleges and Universities (TCCUs); Alaska Native and Native Hawaiian Serving institutions; regional organization eligible agencies of the federal government; and faith-based or community based organizations.

Eligible principal investigators must have an advanced degree, as well as the skills, knowledge, and resources necessary to carry out the proposed research.

Collaborations with other individuals and institutions throughout the United States and internationally are encouraged.

RESTRICTIONS

1. Successful applications will be relative to the topic of spinal cord and brain injury and have high scientific merit.
2. Requested grant funding period cannot exceed 24 months.
3. The principal investigator must be affiliated with an Indiana-based research institution / organization.

MECHANISM FOR SUBMISSION OF APPLICATION

Applications will be considered one time per year. **Submission due date is August 15, 2008 at 5:00pm (ET).** Applications will be assigned for review at the next scheduled meeting of the scientific advisory panel. Awards will be announced in November 2008, and the awards will be distributed by December 31, 2008.

Application forms are available at

<http://www.in.gov/isdh/19537.htm>. For questions about this program, please contact the Office of Operations, Indiana University School of Medicine, Clinical Building 365. Telephone number 317-274-5373.

One original and one electronic copy of the application must be submitted.

Completed signature pages should be submitted in the hard copy original; they need not be provided in the electronic copy. Electronic copy may be on diskette, CD, zipdisk or may be emailed to iusmoper@iupui.edu.

Applications will follow this sequence:

Page 1. Face page, which specifies the title of the proposal, principal investigator and his/her institutional affiliation, where work will be performed, and the total budget.

Page 2. Budget page listing the direct costs for all personnel. Supplies and other costs must relate directly to performance of the project. All costs should be specifically justified (limit justification to 1/2 page).

Page 3-12. Research Plan should be typed on 8 ½ x 11 white paper with at least one-inch margins and is not to exceed **10 double-spaced pages**. Type size must be clear and readily legible and reasonable size, at least 12 point.

The Research Plan should address the single year of funding requested, show the scope of the overall project, and justify how the funding requested will aid in finding a treatment or cure for spinal cord and brain injury. It is to the applicant's advantage to focus and establish priorities for the year. These priorities should be made clear in all relevant sections of the Research Plan.

The application narrative should be structured in accordance with the following format:

- A. Introduction:** State the overall objective or goal of the proposed research. Review the most significant previous work and describe the current status of research in the field. Document with references. Describe any preliminary work the principal investigator / collaborator has done which led to this proposal.
- B. Specific Aims:** List the specific aims.
- C. Methods of Procedure:** Give details of the research plan, including a description of the experiments or other work proposed, the methods, species of animals, techniques to be used, the kinds of data expected to be obtained, and the means by which the data will be analyzed or interpreted. If clinical studies are involved, give details of responsibility for patient selection and patient care. Include a discussion of pitfalls that might be encountered, and of the limitations of the procedures proposed. Point out any procedures, situations, or materials that may be hazardous to personnel and the precautions to be exercised. As much as possible, describe the principal experiments or observations in the sequence in which they will be conducted, and indicate a tentative schedule of the main steps of the investigation.
- D. Significance:** What is the potential importance of the proposed project? Discuss any novel ideas or contributions that the project offers. Make clear the potential importance of the proposed project for stimulating further research or attracting federal grant support.
- E. Facilities Available:** Describe the facilities available for this project including laboratories, clinical resources, office space, animal quarters, etc. List major items of equipment available for this work.

F. Collaborative Arrangements: If the proposed project requires collaboration with other investigators, describe the collaboration and provide evidence to assure the reviewers that the other collaborators agree (letters of support in the addendum).

G. Appendices:

Page 13. Principal Investigator / Institutional Assurance:

At the conclusion of the description of the proposed project, the following statement should be inserted:

“The undersigned agrees to accept responsibility for the scientific and technical conduct of the research project and for provision of required progress reports if a grant is awarded as the result of this application.”

Date

Principal Investigator

Date

Institution

Page 14. Senior / Key personnel listing.

Page 15-17. Biographical sketch of the principal investigator and senior / key personnel including his/her bibliographies; three-page maximum for each individual.

Page 18-20. Other support of the principal investigator and key personnel that is relevant to the proposed project; three-page maximum.

Page 21. A copy of the lead institution's Facilities & Administration Rate Agreement is required if indirect costs are being requested.

Additional Appendices are allowed and may contain such items as letters of agreement from collaborators, letters of support from inside / outside the applicant institution, additional scientific materials, diagrams, etc.

The forms that follow are “locked,” which means data may only be entered in gray areas. USE “TAB” TO MOVE FROM ONE AREA TO ANOTHER--AVOID USING “ENTER”.

**INDIANA SPINAL CORD AND BRAIN INJURY FUND
RESEARCH GRANT PROGRAM
APPLICATION**

PRINCIPAL INVESTIGATOR:

RANK, DEPARTMENT, and SCHOOL, if appropriate:

INSTITUTIONAL AFFILIATION:

INSTITUTIONAL EIN or DUNS NUMBER:

TITLE OF PROPOSAL:

ADDRESS WHERE WORK WILL BE PERFORMED:

BUDGET PERIOD:

From: (Month/Day/Year) To: (Month/Day/Year)

AMOUNT REQUESTED:

DIRECT \$

INDIRECT \$

TOTAL \$ (may not exceed \$60,000)

	YES	NO	PROTOCOL #	APPROVAL DATE
RECOMBINANT DNA?	<input type="checkbox"/>	<input type="checkbox"/>		
HUMAN SUBJECTS?	<input type="checkbox"/>	<input type="checkbox"/>		
VERTEBRATE ANIMALS?	<input type="checkbox"/>	<input type="checkbox"/>		
DOES THIS PROJECT INVOLVE CLINICAL RESEARCH?	<input type="checkbox"/>	<input type="checkbox"/>		

REQUIRED SIGNATURES:

APPLICANT SIGNATURE: _____

TYPED NAME AND TITLE OF APPLICANT: _____

INSTITUTIONAL OFFICIAL: _____

TYPED NAME AND TITLE OF INSTITUTIONAL OFFICIAL: _____

MAIL TO:

IU School of Medicine
c/o Office of Operations
541 Clinical Drive, Rm. 365
Indianapolis, IN 46202
E-mail: iusmoper@iupui.edu

Principal Investigator/Program Director (Last, first, middle):

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY					FROM	THROUGH	
PERSONNEL <i>(Applicant organization only)</i>		TYPE APPT. <i>(months)</i>	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator						
	Collaborator						
SUBTOTALS →							
CONSULTANT COSTS							
SUPPLIES							
TRAVEL							
PATIENT CARE COSTS							
OTHER EXPENSES							
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD							

BUDGET JUSTIFICATION:

Principal Investigator/Program Director (Last, first, middle):

RESEARCH PLAN:

Principal Investigator/Program Director (Last, first, middle):

Principal Investigator / Institutional Assurance:

"The undersigned agrees to accept responsibility for the scientific and technical conduct of the research project and for provision of required progress reports if a grant is awarded as the result of this application."

Date

Principal Investigator signature

Date

Institutional Official signature

<p align="center"><u>SENIOR / KEY PERSONNEL REPORT</u></p>	<p>Project Title</p>
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Name	Degree(s)	Role on Project (e.g. PI, Res. Assoc.)	Institutional Affiliation	Effort Devoted to Project		
				Cal	Acad	Sum

Principal Investigator/Program Director (Last, first, middle):

BIOGRAPHICAL SKETCH

Provide the following information for the **Principal Investigator**. **DO NOT EXCEED TWO PAGES** for sections A & B.

NAME	POSITION TITLE		
EDUCATION/TRAINING (<i>Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.</i>)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY

A. Positions and Honors. List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

B. Selected peer-reviewed publications (in chronological order). Do not include publications submitted or in preparation.

Principal Investigator/Program Director (Last, first, middle):

C. OTHER SUPPORT: It is critical that the Other Support page be clear and detailed, and includes s funding through program projects, centers, joint grants, and other programs as well as the role of the applicant in each grant and any potential overlap. Both Active and Pending support should be listed. Include all information noted below:

ACTIVE/PENDING (Indicate)
Source and Project Number:
Principal Investigator:
Title of Project (or Subproject):
Percent Effort of applicant:
Dates of Approved/Proposed Project:
Annual Direct Costs of Overall project:
Annual Direct Costs of Subproject of CBR applicant:
The major goals of this project are...

OVERLAP

ACTIVE/PENDING (Indicate)
Source and Project Number:
Principal Investigator:
Title of Project (or Subproject):
Percent Effort of applicant:
Dates of Approved/Proposed Project:
Annual Direct Costs of Overall project:
Annual Direct Costs of Subproject of CBR applicant:
The major goals of this project are...

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ACTIVE/PENDING (Indicate)
Source and Project Number:
Principal Investigator:
Title of Project (or Subproject):
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Dates of Approved/Proposed Project:
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Annual Direct Costs of Subproject of CBR applicant:
The major goals of this project are...

OVERLAP